

**Fee Transmittal  
FY 2001**

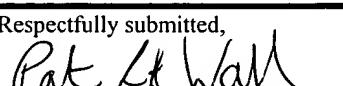
SEP 20 2001

Express Mailing Label No.750476423US

### *Complex Known*

|                           |           |
|---------------------------|-----------|
| Application Serial Number | 09/292,21 |
| Filing Date               | April 15, |
| First Named Inventor      | Gillies   |
| Group Art Unit            | 1644      |
| Examiner Name             | Roark, J. |
| Attorney Docket No.       | LEX-004   |

RECEIVED  
SEP 21 2010  
TECH CENTER 1600/2900

| METHOD OF PAYMENT  |                        | FEE CALCULATION (continued)   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|--|------------------------|---|----------------|------------------------|-----------------------|-----------------------|-----------------|----------|-----|----|-------------------------------------|--|----|----|--|--|-----|-----|---------------------------|--|-------|-------|--|--|-----|----|--|--|-----|-----|---|--|-----|-----|--|--------|-------|-----|---|--|-------|-----|--|--|-----|-----|------------------|--|-----|-----|--|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|---|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|--|--|---------------------|----------------|--|--|--|---------------------|--|--------|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Checks (2) <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                        | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>390</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>890</td><td>445</td><td>Extension for reply within third month</td><td>890.00</td></tr> <tr><td>1,390</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,890</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>310</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>310</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>270</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>710</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>710</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="2"></td><td>Other fee (Specify)</td><td>RCE Filing Fee</td><td></td></tr> <tr><td colspan="2"></td><td>Other fee (Specify)</td><td></td><td>710.00</td></tr> </tbody> </table> |                |                        | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath |  | 50 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 130 | 130 | Non-English specification |  | 2,520 | 2,520 | For filing a request for reexamination |  | 110 | 55 | Extension for reply within first month |  | 390 | 195 | Extension for reply within second month |  | 890 | 445 | Extension for reply within third month | 890.00 | 1,390 | 695 | Extension for reply within fourth month |  | 1,890 | 945 | Extension for reply within fifth month |  | 310 | 155 | Notice of Appeal |  | 310 | 155 | Filing a brief in support of an appeal |  | 270 | 135 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Petitions related to provisional applications |  | 180 | 180 | Submission of Information Disclosure Statement |  | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  |  | Other fee (Specify) | RCE Filing Fee |  |  |  | Other fee (Specify) |  | 710.00 |
| Large Entity Fee (\$)  | Small Entity Fee (\$)  | Fee Description   | Fee Paid       |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 130  | 65                     | Surcharge - late filing fee or oath   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 50   | 25                     | Surcharge - late provisional filing fee or cover sheet  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 130  | 130                    | Non-English specification   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 2,520  | 2,520                  | For filing a request for reexamination  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 110  | 55                     | Extension for reply within first month  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 390  | 195                    | Extension for reply within second month   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 890  | 445                    | Extension for reply within third month  | 890.00         |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 1,390  | 695                    | Extension for reply within fourth month   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 1,890  | 945                    | Extension for reply within fifth month  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 310  | 155                    | Notice of Appeal  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 310  | 155                    | Filing a brief in support of an appeal  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 270  | 135                    | Request for oral hearing  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 130  | 130                    | Petitions to the Commissioner   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 50   | 50                     | Petitions related to provisional applications   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 180  | 180                    | Submission of Information Disclosure Statement  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 710  | 355                    | Filing a submission after final rejection (37 CFR 1.129(a))   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 710  | 355                    | For each additional invention to be examined (37 CFR 1.129(b))  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        | Other fee (Specify)   | RCE Filing Fee |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        | Other fee (Specify)   |                | 710.00                 |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.<br>3. <input type="checkbox"/> Applicant claims small entity status. |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| FEE CALCULATION  |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 1. FILING FEE  |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Large Entity<br>Fee (\$)      Fee Description      Fee Paid  |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 710  | Utility filing fee     |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 320  | Design filing fee      |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 150  | Provisional filing fee |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Number      Number      Rate      Amount<br>Filed      Extra   |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Total Claims   | - 20 =                 | x \$ 18.00 =  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Independent Claims   | - 3 =                  | x \$ 80.00 =  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any   |                        | \$270.00 =  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| TOTAL:<br>SMALL ENTITY DISCOUNT:<br>SUBTOTAL (1)      (\$)   |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| 2. AMENDMENT CLAIM FEES  |                        |   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Claims   | Highest No.            | Present   | Rate           | Fee Paid               |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Remaining After Amend.   | Previously Paid For    | Extra   |                | SUBTOTAL (3)      (\$) |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Total Indep.   | -                      | =   | x \$ 18.00 =   | 890.00                 |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  | -                      | =   | x \$ 80.00 =   | 710.00                 |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim   |                        | + \$270.00 =  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        |   |                | SUBTOTAL (1)      (\$) |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        |   |                | SUBTOTAL (2)      (\$) |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        |   |                | SUBTOTAL (3)      (\$) |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        |   |                | TOTAL      (\$)        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
|  |                        |   |                | 1600.00                |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| CORRESPONDENCE ADDRESS   |                        | SIGNATURE BLOCK   |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |
| Direct all correspondence to:  |                        | Respectfully submitted,<br><br>Patrick R.H. Waller<br>Agent for the Applicant<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower<br>125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100  |                |                        |                       |                       |                 |          |     |    |                                     |  |    |    |  |  |     |     |                           |  |       |       |  |  |     |    |  |  |     |     |   |  |     |     |  |        |       |     |   |  |       |     |  |  |     |     |                  |  |     |     |  |  |     |     |                          |  |     |     |                               |  |    |    |   |  |     |     |  |  |     |     |   |  |     |     |  |  |  |  |                     |                |  |  |  |                     |  |        |